



UCSF Medical Center – MyChart Proxy Authorization Form

Granting Proxy Access to Parent/Guardian on behalf of a CHILD (0-11 years)

CHILD'S NAME \_\_\_\_\_

CHILD'S BIRTHDATE \_\_\_\_\_

CHILD'S MEDICAL RECORD #: \_\_\_\_\_

Last 4 of Social Security: \_\_\_\_\_

Important Reminder: UCSF MyChart displays certain information from your medical records, but it does not display all health information in your medical records.

Parent/Legal Guardian of Child: This authorization form is used for minors under the age of 12, in which, Attorney for Health Care, Advance Health Care Directive, or legal guardianship papers may be requested. A renewal of this authorization may be requested as well. Expiration of pediatric proxy access automatically occurs on the patient's 12th birthday.

AGREEMENT –

The UCSF Medical Center (UCSFMC) Terms and Conditions for UCSF MyChart, and the UCSF MyChart Proxy/Disclaimer for access to My Family's Record UCSF MyChart section control this agreement between the child's parent/legal guardian and UCSF Medical Center. Please refer to these documents when you signup online.

YOUR RIGHTS

This Authorization to release health information is voluntary. You may revoke proxy access at any time to your family member's UCSF MyChart account. For revocation, please contact your family member's practice. The Revocation will take effect within 2 business days upon notification of your request except to the extent UCSF Medical Center or others have already relied on it.

REVOCATION/EXPIRATION OF AUTHORIZATION

Unless otherwise revoked, or ended by revocation, authorization for UCSF MyChart proxy access will expire automatically when the patient turns 18 years old. In order for revocation to be effective, it must be executed in writing.

Print Name of Child's Parent/Legal Guardian: \_\_\_\_\_

Relationship to Child: (parent/legal guardian): \_\_\_\_\_ Parent \_\_\_\_\_ Legal/Guardian

Address: \_\_\_\_\_ Child's parent/legal guardian Birthdate: \_\_\_\_\_

\_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Form with fields: If the parent/guardian is a UCSF patient, Parent/guardian's MRN#, Last 4 of Social Security, If the parent/guardian is NOT a UCSF patient, Full Social Security #, Gender, Primary Language, Marital Status, Employer.

I attest that the above information is true and correct.

Signature of Child's Parent/Legal Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

Practice Representative who witnessed this proxy:

\_\_\_\_\_ Date: \_\_\_\_\_

A copy is as valid as the original.

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ADMINISTRATION ONLY:

## Parent/Legal Guardian Proxy – CHILD (0-11 years)

Dear Parent/Guardian,

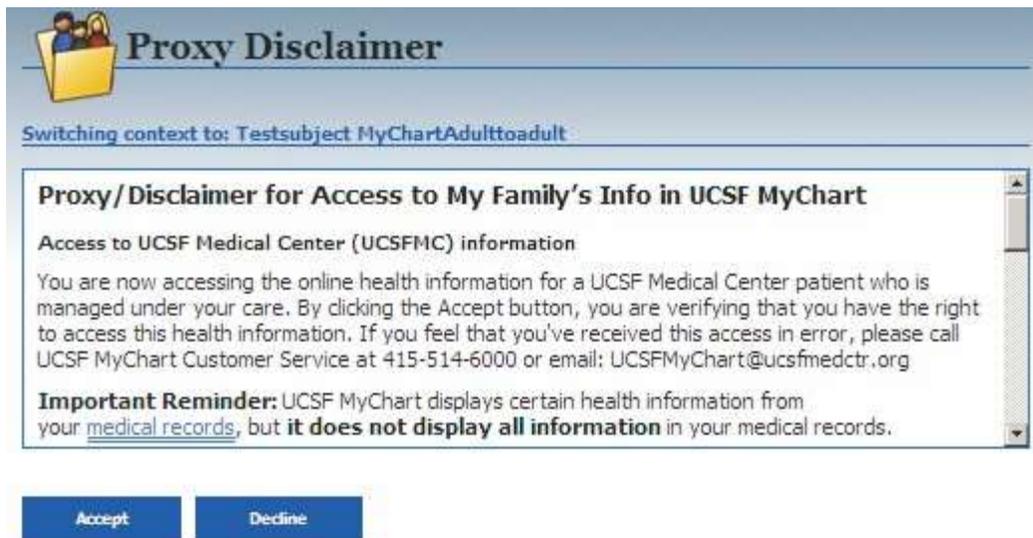
Thank you for signing the *UCSF MyChart Proxy Authorization* form. This is the first step in allowing you to view some of your child's health information online through our new patient portal we call *UCSF MyChart*.

UCSF *MyChart* patient portal is offered to you free of charge as an online resource for your child's routine health care needs. UCSF *MyChart* can help you:

- Message your child's provider
- Refill a current medication
- Check certain lab results and graph your child's trends
- View some electronic health information
- Request an appointment or a referral on behalf of your child
- View past visit information for some services and upcoming appointments

Once you are linked to your child's account, you will hear from us within a week – either by UCSF MyChart message or as a phone call. If you have any questions in the meantime, please call UCSF MyChart Customer Service at 415-514-6000 (M-F 8 am -5 pm) or email us at [UCSFMyChart@ucsfmedctr.org](mailto:UCSFMyChart@ucsfmedctr.org).

This is what you will see when your child is linked to your UCSF MyChart account:



**Once your child turns 12**, they will be allowed to have their own UCSF MyChart account; as your child's parent/guardian, you will be able to view some of their MyChart account. Proxies for teens 12-17 have access to adolescent test results, allergies, and immunizations; they can message their adolescent's providers and request appointments on their adolescent's behalf. Parents/guardians will not have access to information related to sensitive services, such as reproductive health (i.e. pregnancy testing, contraception, testing and treatment for sexually transmitted diseases), and certain mental health and substance use screening and treatments.

We look forward to continuing to provide you with your family's health care needs,

*UCSF Medical Center*